

Rainbow Trail Lutheran Camp

2012 Health History & Examination Form

CIRCLE ONE: Intro Jr JrHi SrHi Conf Compass Pts.
CAMP DATES: _____

**** This side must be completed by parent/guardian of minors within 6 months prior to arrival at camp. Please notify Rainbow Trail in writing of any changes in this information between the time this form is completed and camp attendance. ****

PLEASE PRINT

Name _____ Birthdate _____ Age _____ Sex _____
 last first initial

Parent or Guardian (or spouse) _____ Home Phone: (____) _____

Work Phone: (____) _____

Home Address/City/State/Zip _____ Email: _____

If not available in an emergency, notify _____ Relationship _____

Address/City/State/Zip _____ Phone: (____) _____

Do you carry medical/hospital insurance? _____ If so, please indicate:
 Carrier _____ Group/policy number _____

Name and phone number of dentist/orthodontist _____

Describe any emotional, learning, or psychological concerns and provide information to help us work effectively with this camper:

For minor females: Has this person menstruated? ___ If not, has she been told about it? ___ If yes, is menstrual history normal? ___

CHRONIC CONCERNS

- _____ None
- _____ Frequent ear infections
- _____ Heart disease/defect
- _____ Diabetes
- _____ Bleeding/clotting disorders
- _____ Hypertension
- _____ Asthma/Reactive Airway Disease
- _____ Seizures/Convulsions
- _____ Cerebral Palsy
- _____ Other _____

Provide information on each item checked:

DISEASES: (Date any that the camper has had)

- _____ Chicken pox _____ German Measles
- _____ Mumps _____ Hepatitis A
- _____ Measles _____ Hepatitis B
- _____ Mononucleosis _____ Hepatitis C

Describe any major illness, injury or surgery this camper has had in the past 2 years. _____

ALLERGIES

- _____ No known allergies
- _____ Medications _____
- _____ Insect Stings _____
- _____ Foods _____
- _____ Other: _____

Describe reaction and management to any listed above:

MEDICATIONS

****Bring to camp in original container****

List all medication (including vitamins) bringing to camp:

Name of medication _____
 Reason for taking _____
 Dosage _____
 How often _____ Time of Day _____

Name of medication _____
 Reason for taking _____
 Dosage _____
 How often _____ Time of Day _____

FOR MORE MEDS, ATTACH ADDITIONAL SHEET

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____ Date _____

**** PHYSICIAN MUST COMPLETE THE BACK OF THIS FORM AND SIGN WITHIN 24 MONTHS OF CAMP DATE ****

PLEASE KEEP A COPY OF THIS FORM

WEEK OF CAMP: _____

2012 ** This side to be filled out and signed by a licensed physician or licensed nurse practitioner. **2012**
Colorado Law requires that a physical exam must occur within 24 months prior to arrival at camp**

Name of Camper: _____ Date of examination: _____

Height _____ Weight _____ Temperature _____ Pulse _____ Respirations _____ Blood Pressure _____

This person is under the care of a physician for the following: _____

Treatment to be continued at camp: _____

Medications to be given at camp (include dosages & times): _____

Medically prescribed dietary restrictions: _____

Recommendations and restrictions on participation while in camp program: _____

What special precautions, if any, must be observed for activities at high altitudes? (Altitudes 8,000-14,000 ft) _____

MUST BE COMPLETED FOR ALL PERSONS. REQUIRED BY COLORADO STATE LAW
IMMUNIZATION VERIFICATION Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
Tdap		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____				
Or Measles		_____	_____				
Or Mumps		_____	_____				
Or Rubella		_____	_____				
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____				
Varicella (chicken pox)		_____	_____				

I have examined the above camp applicant, and found him/her to be in satisfactory condition, free from contagious diseases and capable of active participation in an active camp program.

Date examined: _____

Physician's signature: _____

Physician's Name (please print): _____

Address: _____
Street and Number City State Zip

Phone: (____) _____

- For use by camp health care provider (initial for compliance):
- _____ Health screening performed within 24 hours of camper's arrival.
- _____ No signs of illness or injury upon arrival at
- _____ No exposure to communicable disease in past 3 weeks.
- _____ No additions or corrections to information on health history.
- _____ Medications given to health care provider.

NOTES:

Please return form to:
Rainbow Trail Lutheran Camp
107 South 9th Street, Ste. B
Canon City, CO 81212

PLEASE KEEP A COPY OF THIS FORM

Week of Camp: _____

Rainbow Trail Lutheran Camp 2012 Additional Camper Information

Camper's Name _____ Birthdate: _____
Home address _____ City _____ St _____ Zip _____

First Parent/Guardian Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

Second Parent/Guardian Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

Emergency Contact Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

The following persons are authorized to pick up my child from camp:

Name	Address	Phone Number
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The following persons are not authorized to pick up my child from camp:

Are there any camp activities in which you as parent or guardian do not wish this child to participate?

I authorize my child to participate in all special trips or excursions in which my child may be walking or riding away from the campsite.

Signature _____ Date _____

2012 Rainbow Trail Lutheran Camp

High & Low Ropes Course

Agreement to Participate: Assumption of Risk and Release of Liability

Participant Name: _____

Age: JrHi SrHi Conf Retreat Season
Camp Date: _____

Each participant, prior to participation in high or low ropes activities, will complete an Agreement to Participate and a Statement of Health Form.

READ CAREFULLY BEFORE SIGNING

I, the applicant (parent or guardian if under 18 years old) agree to abide by the safety rules and regulations set by the Rainbow Trail Lutheran Camp Ropes Course Staff.

I, the applicant (parent or guardian if under 18 years old) understand and appreciate that there are certain inherent risks involved in the Ropes Course which are beyond the control of Rainbow Trail or its staff and agree to personally be aware of such risks.

I, the applicant (parent or guardian if under 18 years old) expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I, the applicant (parent or guardian if under 18 years old) voluntarily release, forever discharge, and agree to indemnify and hold harmless Rainbow Trail Lutheran Camp and its staff from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Rainbow Trail's equipment or facilities, including any such claims which allege negligent acts or omissions of Rainbow Trail.

I, the applicant (parent or guardian if under 18 years old) hereby authorize the Rainbow Trail Staff to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my daughter, son, or ward) and I agree to accept financial responsibility.

I, the applicant (parent or guardian if under 18 years old) certify that I am completely healthy (both physically and emotionally) and capable of participating in the Ropes Course activities. I have listed on the Health Statement Form any medical condition that Rainbow Trail should be aware of which may hinder my participation in the Ropes course activity. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the Ropes Course activity.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Signature of Parent/Guardian _____
(if participant is under 18 years old)

Print Name _____

2012 Rainbow Trail Lutheran Camp Ropes Course Health Statement

The proposed activity provided by Rainbow Trail requires participation in exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of these outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical exam and a physicians release in order to participate.

Name _____ Birthdate _____ Age _____
 Address _____ Work Phone _____ Gender _____
 City, State, Zip _____ Home Phone _____

In an emergency notify _____ Phone _____

Name of Physican _____ Phone _____

Health History (Circle the appropriate answer and describe any YES answers.)

Have you had or do you currently have any heart problems:	YES	NO
Do you frequently suffer from pains in your chest:	YES	NO
Do you often feel faint or have spells of severe dizziness:	YES	NO
Has a doctor ever told you that you have high blood pressure (dates):	YES	NO

(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in the Ropes Course activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise:	YES	NO
Have you had any operations or serious injuries (dates):	YES	NO
Do you have any disabilities or chronic recurring illness:	YES	NO
Are there any activities to be limited/discouraged by physician's advice:	YES	NO
Do you have epilepsy:	YES	NO
Do you have diabetes:	YES	NO
Are you currently sick and/or using a medication that's not listed above:	YES	NO
Do you have allergies: (please list):	YES	NO
Do you carry family medical/hospital insurance:	YES	NO

Carrier _____ Policy Number _____

Suggestions or health related information for Rainbow Trail staff: _____

General Health Statement: _____

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to Rainbow Trail to seek medical attention for me (my child) in case of accident or injury.

Signature of Participant _____

Signature of Parent/Guardian _____ Date _____

RAFTING WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS.

1. **Definitions.** The person who is participating in rafting shall be referred to hereinafter as "Participant". The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. "Released Parties" mean ARKANSAS RIVER TOURS, INC. or any of its/their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, members, and shareholders. The "Activity" means taking part in rafting, swimming, wading, hiking, climbing on rocks and slopes, portaging and traveling to and from Activity site.

2. **Risks of Activity.** The Undersigned agree and understand that taking part in the Activity can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH. The Undersigned acknowledge that the Activity is inherently dangerous and fully realize the dangers of participating in the Activity. The risks and dangers of the activity include, but are not limited to: choice of rafting course, negligence of rafting guides, changing weather conditions, changing water conditions, cold water immersion, hidden underwater obstacles, trees or other above water obstacles, slippery terrain, changing and unpredictable currents, drowning, exposure, swimming, overturning, improper use of equipment, jumping off rocks, carrying rafts and other equipment, entrapment of feet or other body parts under rocks or other objects, equipment failure, dehydration, sunburn, driving to and from the Activity site, and mental distress from exposure to any one of the above. THE UNDERSIGNED ACKNOWLEDGE AND UNDERSTAND THAT THE DESCRIPTION OF THE RISKS LISTED ABOVE IS NOT COMPLETE AND THAT PARTICIPATING IN THE ACTIVITY MAY BE DANGEROUS AND MAY INCLUDE OTHER RISKS.

3. **Release, Indemnification, and Assumption of Risk.** In consideration of the Participant being permitted to participate in the activity, the Undersigned agree as follows:

(a) **Release.** THE UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE OR BRING ANY OTHER LEGAL ACTION AGAINST THE RELEASED PARTIES with respect to any and all claims and causes of action of any nature whether currently known or unknown, which the Undersigned, or any of them, have or which could be asserted on behalf of the Undersigned in connection with the Participant's participation in the Activity, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract.

(b) **Indemnification.** The Undersigned hereby agree to indemnify, defend and hold harmless the Released Parties from and against any and all liability, cost, expense or damage of any kind or nature whatsoever and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activity. Such obligation on the part of the Undersigned shall survive the period of the Participant's participation in the Activity.

(c) **Assumption of Risk.** The Undersigned agree and understand that there are dangers and risks associated with the participation in the Activity and that INJURIES AND/OR DEATH may result from participating in the Activity, including, but not limited to the acts, omissions, representations, carelessness, and negligence of the Released Parties. By signing this document, the Undersigned recognize that property loss, injury and death are all possible while participating in the Activity. RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE PARTICIPATION IN THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT, OR OTHERWISE.

4. **Minor Acknowledgment.** In the case of a minor Participant, the Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the Activity. By signing this Agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

